PTO/SB/17 (05-07)
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·		r azo regan	Co to reappoint to a co	Complete if Known								
Effective on 12/08/ Fees pursuant to the Consolidated Approp			10/615,213-Conf. #8060									
FEE TRANS			July 7, 2003									
			Moise Azria									
For FY 20	Examiner Name		R. J. Desai									
Applicant claims small entity stat	Art Unit		1625									
TOTAL AMOUNT OF PAYMENT (\$) 1300.00					01946/100G906-US2							
METHOD OF PAYMENT (check all that apply)												
Check X Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number 04-0100 Deposit Account Name: Darby & Darby P.C.												
For the above-identified depo	sit account, the D	Director is	hereby authorize	ed to: (check	all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION	-			_								
1. BASIC FILING, SEARCH, AND E	XAMINATION FE	ES										
FI	LING FEES	\$E	ARCH FEES	EXAMIN/	ATION FEES							
Application Type Fee (\$	Small Entity) Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)					
Utility 300	150	500	250	200	100							
Design 200	100	100	50	130	65							
Plant 200	100	300	150	160	80							
Reissue 300	150	500	250	600	300							
Provisional 200	100	0	0	0	0							
2. EXCESS CLAIM FEES	100	v	•	•	·		Small Entity					
Fee (\$) Fee (\$)												
Each claim over 20 (including Reissues) 50 25												
Each independent claim over 3 (incl	uding Reissues)					200	100					
Multiple dependent claims 360 180												
Total Claims Extra Claims	Fee (\$)	Fee F	aid (\$) Multiple Depende			nt Claims						
	(= _			Fee	<u>(\$)</u> <u>F</u>	ee Paid (\$	<u>n</u>					
HP = highest number of total claims paid for indep. Claims Extra Claims	, ir greater than ∠u. Fee (\$)	Fee F	Paid (\$)				_					
	(=		(+)									
HP = highest number of independent claims paid for, if greater than 3.												
3. APPLICATION SIZE FEE												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50												
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
Total Sheets Extra Sheet			dditional 50 or fra		Fee (\$)	Fee I	Paid (\$)					
100 =	/50 =		(round up to a who	ole number) x	· =	=						
4. OTHER FEE(S) Fees Paid (\$)												
Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): 1253 Petition for Extension of Time 1,920.00 1806 Submission of an Information Disclosure Statement 180.00												
SUBMITTED BY	11											
W MW	4-/1											
Signature Y 7	VI		Registration No. (Attorney/Agent)	41,151	Telephone	(212) 52	7-7765					

AMENDMENT TRANSMITTAL LETTER						Docket No. 01946/100G906-US2				
Application No. Filling 10/615,213-Conf. #8060 July 7				Examiner R. J. Desai	-	Art Unit 1625				
· ·		July r,	2005	IX. J. Desai		1025				
Applicant(s): Mois	Se Azria et al.									
Invention: DISODIUM SALTS, MONOHYDRATES, AND ETHANOL SOLVATES FOR DELIVERING ACTIVE AGENTS										
TO THE COMMISSIONER FOR PATENTS										
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.										
The fee has been	calculated an									
	Claims	CLAIM Highest	S AS AMENI	DED						
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate						
Total Claims	9	- 57 ≍	0	х						
Independent Claims	2	- 4 =	0	×						
Multiple Depend	lent Claims (ch	eck if applicabl	e)							
Other fee (please specify): Extension for response within third month Submission of an Information Disclosure Statement						1,020.00 180.00				
TOTAL ADDIT	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:									
x Large Entity				Small Entity						
No additiona	ıl fee is require	d for this amer	ndment.							
	ge Deposit Acc			n the amount of \$ _		·				
A check in th	A check in the amount of \$ to cover the filing fee is enclosed.									
x Payment by	credit card. Fo	orm PTO-2038	is attached.							
	is hereby auth I below. A dup			: Deposit Account N enclosed.	o. <u>04</u>	I-0100				
x Credit a	ny overpaymer	nt.								
x Charge a	any additional fili	ing or applicatio	n processing	fees required under 3	37 CFR 1.	16 and 1.17.				
Jay P/Lessier				Dated:	June 5	, 2007				
Attorney/Agent	Reg. No.: 41,	151								
DARBY & DAR P.O. Box 770 Church Street S New York, New (212) 527-7765	Station York 10008-0	7770								